

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE								LOCAL FILE NO.	
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY 10 13 11 14		TIME: MILITARY 2007			
CRASH OCCURRED ON				500 Justice Drive				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE 8321					
LOG-1		LOG-2		LOC JUR FH9 FILT													
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Nationwide									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Gabritsch, Lauren M				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				P.O. Box 283 Mason, WV 25265					
PHONE NO.		BIRTH DATE 04/13/95		AGE 19		SEX F		SOCIAL SECURITY NO.		STATE WV		DRIVER'S LICENSE NO. F651582		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				Shafer, John Derek				ADDRESS 2674 Hart Rd Lebanon, OH				PHONE 513-464-4862					
VEH YR 2003		MAKE Mitsubishi		MODEL Eclipse		COLOR Red		STYLE HB		STATE OH		LICENSE PLATE NO. FZN 4543		TOWING SERVICE		VEH/PED DIR FROM N TO S	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO. OR AGENT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
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C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES							
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		A B C D E F							
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F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		A B C D E F							
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D E F		INJURED TAKEN TO		By				A B C D E F		ALCOHOL							
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